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February 21, 1995

FILE COPY

ATTENTION: BOX M FEE

Honorable Commissioner of
Patents and Trademarks
Washington, D.C. 20231

Re: U.S. Patent No. 5,057,540
Issue Date: October 15, 1991
For: **Saponin Adjuvant**
Inventor: Kensil, C. A. *et al.*
Our Ref: 0614.0350002/SLF

Dear Sir:

The following documents are submitted herewith for appropriate action by the U.S. Patent and Trademark Office:

- 1) Maintenance Fee Transmittal Form (Form PTO-1536);
- 2) Duplicate copy of Verified Statement Claiming Small Entity Status (37 C.F.R. § 1.9(f) and 1.27(c)) - Small Business Concern as filed on October 5, 1990;
- 3) SKG&F check no. 14333 in the amount of \$480.00 to cover the 3.5 year maintenance fee; and
- 4) Post card.

STERNE, KESSLER, GOLDSTEIN & FOX

Commissioner of Patents and Trademarks

February 21, 1995

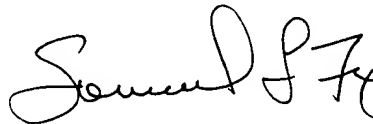
Page 2

It is respectfully requested that the attached postpaid post card be stamped with the date of filing of these documents, and that it be returned as soon as possible.

The Commissioner is hereby authorized to charge any fee deficiency or credit any overpayment to Deposit Account No. 19-0036. A duplicate copy of this letter is enclosed.

Respectfully submitted,

STERNE, KESSLER, GOLDSTEIN & FOX

A handwritten signature in cursive script, appearing to read "Samuel L. Fox".

Samuel L. Fox
Attorney for Patentees
Registration No. 30,353

SLF:mbm
Encls.

F28-48.MBM

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REMITTANCE ADVICE					

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Patent No. 5,057,540
DOMINION BANK WASHINGTON, D.C. 20005

Samuel F. Fox

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FILE COPY

Due Date: 04/15/95

Inventor: Kensil, C. A. *et al.*
Patent No.: 5,057,540
Issue Date: October 15, 1991
For: Saponin Adjuvant

Docket: 0614.0350002
Atty: SLF

When receipt stamp is placed hereon, the USPTO acknowledges receipt of the following documents:

- 1) PTO Transmittal Letter (in duplicate);
- 2) Maintenance Fee Transmittal Form (Form PTO-1536);
- 3) Duplicate copy of Verified Statement Claiming Small Entity Status (37 C.F.R. § 1.9(f) and 1.27(c)) - Small Business Concern as filed on October 5, 1990; and
- 4) SKG&F check no. 14333 in the amount of \$480.00 to cover the 3.5 year maintenance fee (small entity).

PLEASE STAMP DATE OF RECEIPT AND RETURN

ATTENTION: BOX M. FEE

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Address to:

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Commissioner of Patents and Trademarks
Box M Fee
Washington, D.C. 20231

Enclosed herewith is the payment of the maintenance fee(s) for the listed patent(s).

1. ☒ A check in the amount of \$ 14333 for the full payment of the maintenance fee(s) and any necessary surcharge on the following patents is enclosed.
2. ☐ The Commissioner is hereby authorized to charge \$ _____ to cover the payment of the fee(s) indicated below to Deposit Account No. 19-0036.
3. ☒ The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s) or credit any overpayment to Deposit Account No. 19-0036.

***Information required by 37 CFR 1.366(c) (columns 1 & 5)**
Information requested under 37 CFR 1.366(d) (columns 2-4 & 6-9)

Item	*Patent Number 1	Fee Code 2	Maintenance Fee Amount 3	Surcharge Amount 4	*US Serial Number 5 [06/555,555]	Patent Date 6 mm/dd/yy	Application Filing Date 7 mm/dd/yy	Payment Year 8	Small Entity? 9
1	5,057,540	283	\$480.00	-0-	07/573,268	10/15/91	08/27/90	3.5	Yes*
2									
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8									

Sub-totals
Columns 3 & 4

\$480.00

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Total Payment

\$480.00

*** Verified Statement Claiming Small Entity Status**
(37 C.F.R. §1.9(f) and 1.27(c)) - Small Business Concern
as filed on Oct. 5, 1990.

Use additional sheets for listing additional patents.

(For Office Accounting Use Only)

Respectfully submitted:

Sterne, Kessler, Goldstein & Fox

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to "Commissioner of Patents and Trademarks, Box M. Fee, Washington, D.C. 20231" on _____.

Name of person signing _____.

Samuel L. Fox, Esq.

Signature: _____.

Reg. No. 30,353
(Payor number, if assigned)

Date: _____.

(202) 371-2600
(Payor's telephone number)

Note: All correspondence will be forwarded to the "Fee Address" or the "Correspondence Address" if no "Fee Address" has been provided. 37 CFR 1.363.

Date: _____